

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Service Employees International Union PEA - Federal

ADDRESS (number and street)

1800 Massachusetts Ave NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00523621

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the State of

DC

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eliseo Medina

Signature of Treasurer

Eliseo Medina

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Service Employees International Union PEA - Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012 To: M M / D D / Y Y Y Y Y Y  
11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	3173559.03	
(c) Total Receipts (from Line 19) .....	2601351.00	16021328.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5774910.03	16021328.85
7. Total Disbursements (from Line 31) .....	3210939.23	13457358.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2563970.80	2563970.80
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	9053240.19	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Service Employees International Union PEA - Federal

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	2601351.00	16021328.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	2601351.00	16021328.85
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	2601351.00	16021328.85
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	2601351.00	16021328.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	2601351.00	16021328.85

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2301269.15	2839870.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2301269.15	2839870.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73500.00	4270902.02
24. Independent Expenditures (use Schedule E) .....	757149.96	5460985.31
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	79020.12	885599.87
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3210939.23	13457358.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3210939.23	13457358.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2601351.00	16021328.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2601351.00	16021328.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2301269.15	2839870.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2301269.15	2839870.85



	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

Service Employees International Union PEA - Federal

## A. DEFEND OUR HOMES

Date of Disbursement

Transaction ID : D304187

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

73500.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name


Amount of Each Disbursement this Period

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

73500.00

**TOTAL** This Period (last page this line number only).....

73500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Service Employees International Union PEA - Federal**

Full Name (Last, First, Middle Initial)

**A. Envision Communications, Inc.**Mailing Address 2715 M Street, NW  
Suite 100

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Media Buy & Production for NV State Senate Candidate

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

**Transaction ID : D304186**

Amount of Each Disbursement this Period

50000.00
----------

Full Name (Last, First, Middle Initial)

**B. GRSC Consulting**

Mailing Address 2828 University Ave SE, #150

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
Payment for Non-Federal Canvass Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : D304188**

Amount of Each Disbursement this Period

17740.12
----------

Full Name (Last, First, Middle Initial)

**C. Mack/Crounse Group LLC**

Mailing Address 4900 Seminary Road Suite 1020

City Alexandria State VA Zip Code 22311

Purpose of Disbursement  
Voter Canvass Literature for Non-Federal Nevada Candidates

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

**Transaction ID : D304185**

Amount of Each Disbursement this Period

11280.00
----------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

79020.12
----------

79020.12
----------



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 9 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Action United

Nature of Debt (Purpose):

Canvass, Bird-dogging &amp; Rallies

Mailing Address 846 N Broad St.

City State

Philadelphia

Zip Code

PA

19130-2234

Outstanding Balance Beginning This Period

44130.20

Transaction ID : D300061

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

44130.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alliance for Californians for Community Empowerment

Nature of Debt (Purpose):

Canvass, Bird-dogging &amp; Rallies

Mailing Address 3655 S. Grand Ave.

City State

Los Angeles

Zip Code

CA

90007-4316

Outstanding Balance Beginning This Period

30591.32

Transaction ID : D300059

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30591.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Centaur North Strategic Communications

Nature of Debt (Purpose):

Voter Canvass Literature

Mailing Address PO Box 1474

City

Whittier

State

CA

Zip Code

90609

Outstanding Balance Beginning This Period

0.00

Transaction ID : D304193

Amount Incurred This Period

9240.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9240.00

1) SUBTOTALS This Period This Page (optional)..... ►

83961.52

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 10 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Citizen Action of NY

Nature of Debt (Purpose):

Canvass, Bird-dogging &amp; Rallies

Mailing Address 94 Central Avenue

City State

Albany

Zip Code

NY

12206-3002

Outstanding Balance Beginning This Period

6042.60

Transaction ID : D300056

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6042.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Fair Share Alliance, Inc.

Nature of Debt (Purpose):

Canvass, Bird-dogging &amp; Rallies

Mailing Address 218 D Street, SE

City State

Washington

Zip Code

DC

20003-1900

Outstanding Balance Beginning This Period

37892.26

Transaction ID : D300057

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

37892.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Florida Consumer Action Network, Inc.

Nature of Debt (Purpose):

Canvass, Bird-dogging &amp; Rallies

Mailing Address 3006 W Kennedy Blvd.

Ste B

City

Tampa

State

FL

Zip Code

33609-3289

Outstanding Balance Beginning This Period

34884.00

Transaction ID : D300058

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

34884.00

1) SUBTOTALS This Period This Page (optional)..... ►

78818.86

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Florida New Majority

Nature of Debt (Purpose):

Canvass, Bird-dogging &amp; Rallies

Mailing Address 6127 NW 7th Avenue

City State

Miami

Zip Code

FL

33127-1111

Outstanding Balance Beginning This Period

39776.09

Transaction ID : D300060

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39776.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mack/Crouse Group LLC

Nature of Debt (Purpose):

Voter Canvass Literature

Mailing Address 4900 Seminary Road Suite 1020

City State

Alexandria

Zip Code

VA

22311

Outstanding Balance Beginning This Period

0.00

Transaction ID : D304184

Amount Incurred This Period

29301.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

29301.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mission Control Inc

Nature of Debt (Purpose):

Voter Canvass Literature

Mailing Address 114A Mansfield Hollow Road

City

Mansfield Center

State

CT

Zip Code

06250

Outstanding Balance Beginning This Period

0.00

Transaction ID : D304195

Amount Incurred This Period

7190.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

7190.83

1) SUBTOTALS This Period This Page (optional)..... ►

76268.84

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 12 OF 44

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

One Pennsylvania

Nature of Debt (Purpose):

Canvass, Bird-dogging &amp; Rallies (Non-Express Advocacy)

Mailing Address 1500 North Second Street, Suite 11

City State

Zip Code

Harrisburg

PA

17102

Outstanding Balance Beginning This Period

19605.00

Transaction ID : D298042

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19605.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Our DC

Nature of Debt (Purpose):

Canvass, Bird-dogging &amp; Rallies (Non-Express Advocacy)

Mailing Address 1800 Massachusetts Ave NW

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

45453.00

Transaction ID : D297985

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45453.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU General Fund

Nature of Debt (Purpose):

Est. payment for salary and other canvass-related expenses from 6/20-9/30, bird-dogging &amp; rallies

Mailing Address 1800 Massachusetts Ave NW

City

State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

6206016.48

Transaction ID : D285704

Amount Incurred This Period

0.00

Payment This Period

1054340.08

Outstanding Balance at Close of This Period

5151676.40

1) SUBTOTALS This Period This Page (optional)..... ►

5216734.40

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 13 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU General Fund

Nature of Debt (Purpose):

Salary and other canvass-related expenses  
from 6/11-9/30

Mailing Address 1800 Massachusetts Ave NW

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

4618526.33

Transaction ID : D286612

Amount Incurred This Period

0.00

Payment This Period

1246929.07

Outstanding Balance at Close of This Period

3371597.26

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Healthcare Wisconsin

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies (Non-Express  
Advocacy)

Mailing Address 4513 Vernon Blvd Suite 300

City State

Zip Code

Madison

WI

53705

Outstanding Balance Beginning This Period

91165.13

Transaction ID : D298020

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

91165.13

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Healthcare Wisconsin

Nature of Debt (Purpose):

Canvass &amp; GOTV Activities

Mailing Address 4513 Vernon Blvd Suite 300

City

State

Zip Code

Madison

WI

53705

Outstanding Balance Beginning This Period

0.00

Transaction ID : D304201

Amount Incurred This Period

20000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

1) SUBTOTALS This Period This Page (optional)..... ►

3482762.39

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 44

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Local 1199 WOK

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies (Non-Express  
Advocacy)

Mailing Address 1395 Dublin Road

City State

Zip Code

Columbus

OH

43215

Outstanding Balance Beginning This Period

14907.00

Transaction ID : D297979

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14907.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SEIU Local 3

Nature of Debt (Purpose):

Canvass, Bird-dogging & Rallies (Non-Express  
Advocacy)

Mailing Address 4 Bunker Hill Industrial Park

City State

Zip Code

Boston

MA

02129

Outstanding Balance Beginning This Period

22595.00

Transaction ID : D297935

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22595.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Pivot Group

Nature of Debt (Purpose):

Voter Canvass Literature

Mailing Address 1720 I Street, NW Suite 550

City

State

Zip Code

Washington

DC

20006

Outstanding Balance Beginning This Period

0.00

Transaction ID : D304200

Amount Incurred This Period

11986.66

Payment This Period

0.00

Outstanding Balance at Close of This Period

11986.66

1) **SUBTOTALS** This Period This Page (optional)..... ►

49488.66

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 OF 44

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Service Employees International Union PEA - Federal

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

United for New York, Inc.

Nature of Debt (Purpose):

Canvass, Bird-dogging &amp; Rallies (Non-Express Advocacy)

Mailing Address 330 W 42nd Street, Suite 900

City State

Zip Code

New York

NY

10036

Outstanding Balance Beginning This Period

11101.00

Transaction ID : D298028

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11101.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Working Families Organization, Inc.

Nature of Debt (Purpose):

Canvass, Bird-dogging &amp; Rallies

Mailing Address 2 Nevins Street

City State

Zip Code

Brooklyn

NY

11217-1010

Outstanding Balance Beginning This Period

54104.52

Transaction ID : D300055

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54104.52

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

65205.52

2) TOTALS This Period (last page this line number only)..... ►

9053240.19

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

9053240.19

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 16 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Field Strategies Inc</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address <b>888 16th St NW Ste 650</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90000.00</div>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D298681</b>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Purpose of Expenditure <b>Canvassing Services</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3106539.08</div>			

Full Name (Last, First, Middle Initial) of Payee <b>Field Strategies Inc</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address <b>888 16th St NW Ste 650</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90000.00</div>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D298682</b>  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶
Purpose of Expenditure <b>Canvassing Services</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TIMOTHY MICHAEL KAINE</b>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">325920.00</div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">180000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Signature

Date

M M M

D D D

Y Y Y Y Y Y Y Y

04

08

2013



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 17 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>GRSC Consulting</b>		Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>	
Mailing Address 2828 University Ave SE, #150		Amount <span style="border: 1px solid black; padding: 2px;">17740.12</span>	
City Minneapolis	State MN	Zip Code 55414	<b>Transaction ID : D298683</b>
Purpose of Expenditure Canvassing Services	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3106539.08</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee <b>GRSC Consulting</b>		Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>	
Mailing Address 2828 University Ave SE, #150		Amount <span style="border: 1px solid black; padding: 2px;">73158.00</span>	
City Minneapolis	State MN	Zip Code 55414	<b>Transaction ID : D298684</b>
Purpose of Expenditure Canvassing Services	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3106539.08</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">90898.12</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Signature

Date

04 / 08 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>GRSC Consulting</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2828 University Ave SE, #150		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">73158.00</div>	
City Minneapolis	State MN	Zip Code 55414	
Purpose of Expenditure Canvassing Services	Category/ Type	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">105619.69</div>	

Transaction ID : D298685

Full Name (Last, First, Middle Initial) of Payee <b>ProgressOhio.org</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 172 E. State Street, 6th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">87500.00</div>	
City Columbus	State OH	Zip Code 43215	
Purpose of Expenditure Canvassing Services	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">3106539.08</div>	

Transaction ID : D298686

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">160658.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

Signature

M M /

D D /

Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 19 OF 44  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00523621</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>			
Full Name (Last, First, Middle Initial) of Payee <b>ProgressOhio.org</b>		Date <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">10 / 18 / 2012</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	
Mailing Address 172 E. State Street, 6th Floor		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">87500.00</div>	
City State Zip Code Columbus OH 43215		Transaction ID : <b>D298687</b>	
Purpose of Expenditure Canvassing Services		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">307996.68</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle Initial) of Payee <b>Our DC</b>		Date <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">10 / 18 / 2012</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	
Mailing Address 1800 Massachusetts Ave NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">28096.75</div>	
City State Zip Code Washington DC 20036		Transaction ID : <b>D298689</b>	
Purpose of Expenditure Est. payment for rally expenses		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3106539.08</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; text-align: right;">115596.75</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) <b>TOTAL</b> Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Eliseo Medina</u>		Date <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">04 / 08 / 2013</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 20 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b>			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address 4900 Seminary Road Suite 1020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1270.00</div>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D298870	
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: C W BILL YOUNG			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9080.75</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b>			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address 4900 Seminary Road Suite 1020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1270.00</div>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D298871	
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JESSICA D EHRLICH			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9080.75</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">2540.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y Y Y

04

08

2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 21 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b> <b>[MEMO ITEM]</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 19 / 2012	
Mailing Address 4900 Seminary Road Suite 1020		Amount <span style="border: 1px solid black; padding: 2px;">1270.00</span>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D298876
Purpose of Expenditure Voter Canvass Literature	Category/ Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MICHAEL GILL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">64484.39</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b> <b>[MEMO ITEM]</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 19 / 2012	
Mailing Address 4900 Seminary Road Suite 1020		Amount <span style="border: 1px solid black; padding: 2px;">1270.00</span>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D298876
Purpose of Expenditure Voter Canvass Literature	Category/ Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RODNEY DAVIS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">64484.39</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

MM / DD / YYYY  
 04 / 08 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 22 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 4900 Seminary Road Suite 1020		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3760.00         </div>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : <b>D298887</b>
Purpose of Expenditure Voter Canvass Literature	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3106539.08         </div>		2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 4900 Seminary Road Suite 1020		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3760.00         </div>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : <b>D298888</b>
Purpose of Expenditure Voter Canvass Literature	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           105619.69         </div>		2012 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7520.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 23 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             M M / D D / Y Y Y Y Y Y           </div>	
Mailing Address 4900 Seminary Road Suite 1020		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             3760.00           </div>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : <b>D298889</b>
Purpose of Expenditure Voter Canvass Literature	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             3106539.08           </div>			

Full Name (Last, First, Middle Initial) of Payee <b>SEIU General Fund</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             M M / D D / Y Y Y Y Y Y           </div>	
Mailing Address 1800 Massachusetts Ave NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             224937.33           </div>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>D299507</b>
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             341081.51           </div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3760.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 24 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name (Last, First, Middle Initial) of Payee <b>SEIU General Fund</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 21 / 2012	
[MEMO ITEM]		Amount <span style="border: 1px solid black; padding: 2px;">133597.18</span>	
Mailing Address 1800 Massachusetts Ave NW		Transaction ID : D299508	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SHELLEY BERKLEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">105619.69</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>SEIU General Fund</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 21 / 2012	
[MEMO ITEM]		Amount <span style="border: 1px solid black; padding: 2px;">366724.60</span>	
Mailing Address 1800 Massachusetts Ave NW		Transaction ID : D299509	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: SHERROD BROWN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">307996.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

MM / DD / YYYY  
 04 / 08 / 2013

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 25 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>SEIU General Fund</b> [MEMO ITEM]		Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>	
Mailing Address 1800 Massachusetts Ave NW		Amount <span style="border: 1px solid black; padding: 2px;">271548.05</span>	
City Washington	State DC	Zip Code 20036	Transaction ID : D299510
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House State: <u>CO</u> <input type="checkbox"/> Senate District: <u>06</u> <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL COFFMAN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">94750.92</span>			

Full Name (Last, First, Middle Initial) of Payee <b>SEIU General Fund</b> [MEMO ITEM]		Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>	
Mailing Address 1800 Massachusetts Ave NW		Amount <span style="border: 1px solid black; padding: 2px;">271548.05</span>	
City Washington	State DC	Zip Code 20036	Transaction ID : D299511
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House State: <u>NV</u> <input type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: STEVEN ALEXZANDER HORSFORD		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">24101.69</span>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

Signature

[Electronically Filed]

Date

04 / 08 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 26 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee <b>SEIU General Fund</b>		Date MM / DD / YYYY 10 / 21 / 2012	
[MEMO ITEM]		Amount 19534.90	
Mailing Address 1800 Massachusetts Ave NW		Transaction ID : D299512	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House    State: VA <input checked="" type="checkbox"/> Senate    District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
		325920.00	

Full Name (Last, First, Middle Initial) of Payee <b>SEIU General Fund</b>		Date MM / DD / YYYY 10 / 21 / 2012	
[MEMO ITEM]		Amount 126525.92	
Mailing Address 1800 Massachusetts Ave NW		Transaction ID : D299513	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House    State: CO <input type="checkbox"/> Senate    District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE MIKLOSI		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
		94750.92	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
04 / 08 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 27 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>SEIU General Fund</b> [MEMO ITEM]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 1800 Massachusetts Ave NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           2212703.36         </div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D299514
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/6	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3106539.08         </div>			

Full Name (Last, First, Middle Initial) of Payee <b>SEIU General Fund</b> [MEMO ITEM]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 1800 Massachusetts Ave NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           233841.81         </div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D299515
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: SALVATORE PACE II		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           21421.61         </div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 28 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>SEIU General Fund</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 21 / 2012	
[MEMO ITEM] Mailing Address 1800 Massachusetts Ave NW		Amount <span style="border: 1px solid black; padding: 2px;">18939.62</span>	
City Washington	State DC	Zip Code 20036	Transaction ID : D299516
Purpose of Expenditure Est. payment for salary and other canvass-related expenses from 10/21-11/2		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: PAUL ODELL HIRSCHBIEL JR		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">85433.29</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>One Pennsylvania</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 22 / 2012	
Mailing Address 1500 North Second Street, Suite 11		Amount <span style="border: 1px solid black; padding: 2px;">1703.75</span>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : D299517
Purpose of Expenditure Est. payment for rally expenses		Category/ Type <span style="border: 1px solid black; padding: 2px;">007</span>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3106539.08</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">1703.75</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 29 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>One Pennsylvania</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 1500 North Second Street, Suite 11		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           1703.75         </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : D299518
Purpose of Expenditure Est. payment for rally expenses	Category/ Type 007	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3106539.08         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>SEIU Healthcare Wisconsin</b> [MEMO ITEM]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 4513 Vernon Blvd Suite 300		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           10000.00         </div>	
City Madison	State WI	Zip Code 53705	Transaction ID : D299579
Purpose of Expenditure Estimated Payment for Canvass and GOTV activities starting 10/23	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3106539.08         </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           1703.75         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           _____         </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           _____         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 30 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>SEIU Healthcare Wisconsin</b> [MEMO ITEM]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 4513 Vernon Blvd Suite 300		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           10000.00         </div>	
City Madison	State WI	Zip Code 53705	Transaction ID : D299582
Purpose of Expenditure Estimated Payment for Canvass and GOTV activities starting 10/23		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           341081.51         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Mission Control Inc</b> [MEMO ITEM]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 114A Mansfield Hollow Road		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           1270.42         </div>	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : D300471
Purpose of Expenditure Voter Canvass Literature		Category/Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18
Name of Federal Candidate Supported or Opposed by Expenditure: SEAN PATRICK MALONEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           20622.15         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 31 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Mission Control Inc</b>		Date MM / DD / YYYY <b>10 / 25 / 2012</b>	
[MEMO ITEM] Mailing Address 114A Mansfield Hollow Road		Amount <b>1270.41</b>	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : <b>D300472</b>
Purpose of Expenditure Voter Canvass Literature	Category/ Type <b>006</b>	Office Sought: <input checked="" type="checkbox"/> House State: <b>NY</b> <input type="checkbox"/> Senate District: <b>18</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>NAN HAYWORTH</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>20622.15</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b>		Date MM / DD / YYYY <b>10 / 26 / 2012</b>	
Mailing Address 4900 Seminary Road Suite 1020		Amount <b>3465.00</b>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : <b>D300473</b>
Purpose of Expenditure Voter Canvass Literature	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>3106539.08</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>3465.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

 MM / DD / YYYY  
**04 / 08 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 32 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 4900 Seminary Road Suite 1020		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3465.00         </div>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : <b>D300474</b>
Purpose of Expenditure Voter Canvass Literature	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           341081.51         </div>		2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Field Strategies Inc</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 888 16th St NW Ste 650		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           79970.00         </div>	
City Washington	State DC	Zip Code 20006	Transaction ID : <b>D300475</b>
Purpose of Expenditure Canvassing Services	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3106539.08         </div>		2012 <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">83435.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 33 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Field Strategies Inc</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             M M / D D / Y Y Y Y Y Y           </div>	
Mailing Address <b>888 16th St NW Ste 650</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             10 / 26 / 2012           </div>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             79970.00           </div>
Purpose of Expenditure <b>Canvassing Services</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>001</b></div>	<b>Transaction ID : D300476</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TIMOTHY MICHAEL KAINE</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             325920.00           </div>			

Full Name (Last, First, Middle Initial) of Payee <b>SEIU Healthcare Wisconsin</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             M M / D D / Y Y Y Y Y Y           </div>	
Mailing Address <b>4513 Vernon Blvd Suite 300</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             10 / 27 / 2012           </div>	
City <b>Madison</b>	State <b>WI</b>	Zip Code <b>53705</b>	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             5548.00           </div>
Purpose of Expenditure <b>Est. payment for rally expenses</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>007</b></div>	<b>Transaction ID : D300477</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">             3106539.08           </div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">85518.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 34 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name (Last, First, Middle Initial) of Payee <b>SEIU Healthcare Wisconsin</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 27 / 2012	
Mailing Address 4513 Vernon Blvd Suite 300		Amount <span style="border: 1px solid black; padding: 2px;">4854.33</span>	
City Madison	State WI	Zip Code 53705	Transaction ID : D300478
Purpose of Expenditure Est. payment for rally expenses	Category/ Type <span style="border: 1px solid black; padding: 2px;">007</span>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">341081.51</span>			

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 30 / 2012	
Mailing Address 4900 Seminary Road Suite 1020		Amount <span style="border: 1px solid black; padding: 2px;">1281.25</span>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D300841
Purpose of Expenditure Voter Canvass Literature	Category/ Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: GARY J. MCDOWELL		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18988.42</span>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">6135.58</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

MM / DD / YYYY  
 04 / 08 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 35 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address 4900 Seminary Road Suite 1020		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1281.25</div>	
City Alexandria	State VA	Zip Code 22311	<b>Transaction ID : D300842</b>  Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President  Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J. BENISHEK			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">18988.42</div>	

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group</b>		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address 1720 I Street, NW Suite 550		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2971.11</div>	
City Washington	State DC	Zip Code 20006	<b>Transaction ID : D301183</b>  Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President  Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">3106539.08</div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1281.25</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 36 OF 44  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group</b> [MEMO ITEM] Mailing Address 1720 I Street, NW Suite 550		Date M M M / D D D / Y Y Y Y Y Y <b>11 / 01 / 2012</b>	
City State Zip Code Washington DC 20006		Amount <b>2971.11</b>	
Purpose of Expenditure Voter Canvass Literature		Category/ Type <b>006</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NH</b> District: <b>02</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>ANN MCLANE KUSTER</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>6375.15</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group</b> [MEMO ITEM] Mailing Address 1720 I Street, NW Suite 550		Date M M M / D D D / Y Y Y Y Y Y <b>11 / 01 / 2012</b>	
City State Zip Code Washington DC 20006		Amount <b>2971.11</b>	
Purpose of Expenditure Voter Canvass Literature		Category/ Type <b>006</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NH</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Carol Shea-Porter</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>4838.49</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>0.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Eliseo Medina</i>		Date M M M / D D D / Y Y Y Y Y Y <b>04 / 08 / 2013</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 37 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Centaur North Strategic Communications</b>		Date MM / DD / YYYY <b>11 / 01 / 2012</b>	
Mailing Address <b>PO Box 1474</b>		Amount <b>2300.00</b>	
City <b>Whittier</b>	State <b>CA</b>	Zip Code <b>90609</b>	Transaction ID : <b>D301187</b>
Purpose of Expenditure <b>Door Hangers</b>	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <b>3106539.08</b>			

Full Name (Last, First, Middle Initial) of Payee <b>Centaur North Strategic Communications</b>		Date MM / DD / YYYY <b>11 / 01 / 2012</b>	
Mailing Address <b>PO Box 1474</b>		Amount <b>2300.00</b>	
City <b>Whittier</b>	State <b>CA</b>	Zip Code <b>90609</b>	Transaction ID : <b>D301188</b>
Purpose of Expenditure <b>Door Hangers</b>	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NV</b> District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SHELLEY BERKLEY</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <b>105619.69</b>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	4600.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

 MM / DD / YYYY  
**04 / 08 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 38 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b> [MEMO ITEM]		Date MM / DD / YYYY <b>11 / 01 / 2012</b>	
Mailing Address 4900 Seminary Road Suite 1020		Amount <b>4680.48</b>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : <b>D301189</b>
Purpose of Expenditure Voter Canvass Literature	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>3106539.08</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b> [MEMO ITEM]		Date MM / DD / YYYY <b>11 / 01 / 2012</b>	
Mailing Address 4900 Seminary Road Suite 1020		Amount <b>4680.48</b>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : <b>D301190</b>
Purpose of Expenditure Voter Canvass Literature	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>VA</b> District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>325920.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
**04 / 08 / 2013**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 39 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group</b> [MEMO ITEM]		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1720 I Street, NW Suite 550		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1536.67</div>	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">3106539.08</div>	

Transaction ID : D301373

Full Name (Last, First, Middle Initial) of Payee <b>The Pivot Group</b> [MEMO ITEM]		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1720 I Street, NW Suite 550		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1536.66</div>	
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MCLANE KUSTER		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">6375.15</div>	

Transaction ID : D301374

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

Signature

M M M

D D D

Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 40 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>GRSC Consulting</b>			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address 2828 University Ave SE, #150			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1867.38</div>	
City Minneapolis	State MN	Zip Code 55414	Transaction ID : D301401	
Purpose of Expenditure Canvassing Services from 11/3-11/6		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: ANN MCLANE KUSTER			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6375.15</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>GRSC Consulting</b>			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</div> </div>	
Mailing Address 2828 University Ave SE, #150			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1867.38</div>	
City Minneapolis	State MN	Zip Code 55414	Transaction ID : D301402	
Purpose of Expenditure Canvassing Services from 11/3-11/6		Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4838.49</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">3734.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y Y Y

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 41 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523621	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Centaur North Strategic Communications</b>		Date MM / DD / YYYY <b>11 / 03 / 2012</b>	
Mailing Address <b>PO Box 1474</b>		Amount <b>2300.00</b>	
City <b>Whittier</b>	State <b>CA</b>	Zip Code <b>90609</b>	Transaction ID : <b>D301405</b>
Purpose of Expenditure <b>Door Hangers</b>	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BARACK OBAMA</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <b>3106539.08</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Centaur North Strategic Communications</b>		Date MM / DD / YYYY <b>11 / 03 / 2012</b>	
Mailing Address <b>PO Box 1474</b>		Amount <b>2300.00</b>	
City <b>Whittier</b>	State <b>CA</b>	Zip Code <b>90609</b>	Transaction ID : <b>D301408</b>
Purpose of Expenditure <b>Door Hangers</b>	Category/ Type <b>006</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SHELLEY BERKLEY</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <b>105619.69</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<b>4600.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

 MM / DD / YYYY  
**04 / 08 / 2013**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 42 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b> [MEMO ITEM]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 4900 Seminary Road Suite 1020		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           8700.48         </div>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D301409
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           3106539.08         </div>	

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b> [MEMO ITEM]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address 4900 Seminary Road Suite 1020		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           4020.00         </div>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D301410
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           341081.51         </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 43 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name (Last, First, Middle Initial) of Payee <b>Mack/Crounse Group LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 11 / 03 / 2012	
[MEMO ITEM] Mailing Address 4900 Seminary Road Suite 1020		Amount <span style="border: 1px solid black; padding: 2px;">4680.48</span>	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D301411
Purpose of Expenditure Voter Canvass Literature	Category/ Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">325920.00</span>			

Full Name (Last, First, Middle Initial) of Payee <b>Mission Control Inc</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 11 / 05 / 2012	
[MEMO ITEM] Mailing Address 114A Mansfield Hollow Road		Amount <span style="border: 1px solid black; padding: 2px;">2325.00</span>	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : D301640
Purpose of Expenditure Voter Canvass Literature	Category/ Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3106539.08</span>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

MM / DD / YYYY  
 04 / 08 / 2013

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 44 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Service Employees International Union PEA - Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523621       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>Mission Control Inc</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
[MEMO ITEM]		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2012</div>	
Mailing Address 114A Mansfield Hollow Road		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           2325.00         </div>	
City Mansfield Center	State CT	Zip Code 06250	Transaction ID : D301641
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           341081.51         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M M / D D D / Y Y Y Y Y Y         </div>	
Mailing Address		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           _____         </div>	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           _____         </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           0.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           _____         </div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           757149.96         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature